

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: OKLAHOMA

A. The following charges are imposed on the medically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	* Amount and Basis for Determination
Inpatient Hospital Services			X	\$3.00 for each covered day
Outpatient Hospital Services			X	\$3.00 per day
Organized Outpatient Clinic Services			X	\$3.00 for each all-inclusive encounter
Ambulatory Surgery Services			X	\$3.00 for each covered day
Physicians Services			X	\$1.00 for each service
Optometrists Services			X	\$1.00 for each service
Home Health Agency Services			X	\$1.00 for each service
Rural Health Clinic Services			X	\$1.00 for each service
Certified Registered Nurse Anesthetist Services			X	\$1.00 for each service
Federally Qualified Health Center Services			X	\$1.00 for each all-inclusive encounter
Medicare Part B crossover claims			X	\$ .50 per service for all Part B covered services
Prescription Drugs			X	\$1.00 for prescriptions having a Medicaid allowable of \$29.99 or less
				\$2.00 for prescriptions having a Medicaid allowable of \$30.00 or more

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\* The basis for the copayment is the statewide average payment for all the services provided one recipient by one provider.

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- B. The method used to collect cost sharing charges for medically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APP'D <u>MAY 03 1993</u>	
DATE EFF <u>MAR 01 1993</u>	
HCFA 179 <u>93-06</u>	

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Oklahoma excludes from copayment those individuals and services described in 42 CFR 447.53(b) through the claims processing system using the recipient file information, diagnosis codes on the claim and certain designated procedure codes.

- E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

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